



C.C.  
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PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031  
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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number

10/620,035

Filing Date

07/15/2003

First Named Inventor

ARTHUR CIUFFO

Art Unit

3644

Examiner Name

SMITH, KIMBERLY

Total Number of Pages in This Submission

Attorney Docket Number

### ENCLOSURES (Check all that apply)

- |   |  |  |
|---|--|--|
| <p><input checked="" type="checkbox"/> Fee Transmittal Form</p> <p><input checked="" type="checkbox"/> Fee Attached</p> <p><input checked="" type="checkbox"/> Amendment/Reply</p> <p><input type="checkbox"/> After Final</p> <p><input type="checkbox"/> Affidavits/declaration(s)</p> <p><input checked="" type="checkbox"/> Extension of Time Request</p> <p><input type="checkbox"/> Express Abandonment Request</p> <p><input type="checkbox"/> Information Disclosure Statement</p> <p><input type="checkbox"/> Certified Copy of Priority Document(s)</p> <p><input type="checkbox"/> Response to Missing Parts/<br/>Incomplete Application</p> <p><input type="checkbox"/> Response to Missing Parts<br/>under 37 CFR 1.52 or 1.53</p> | <p><input checked="" type="checkbox"/> Drawing(s)</p> <p><input type="checkbox"/> Licensing-related Papers</p> <p><input type="checkbox"/> Petition</p> <p><input type="checkbox"/> Petition to Convert to a<br/>Provisional Application</p> <p><input type="checkbox"/> Power of Attorney, Revocation<br/>Change of Correspondence Address</p> <p><input type="checkbox"/> Terminal Disclaimer</p> <p><input type="checkbox"/> Request for Refund</p> <p><input type="checkbox"/> CD, Number of CD(s) _____</p> | <p><input type="checkbox"/> After Allowance communication<br/>to Technology Center (TC)</p> <p><input type="checkbox"/> Appeal Communication to Board<br/>of Appeals and Interferences</p> <p><input type="checkbox"/> Appeal Communication to TC<br/>(Appeal Notice, Brief, Reply Brief)</p> <p><input type="checkbox"/> Proprietary Information</p> <p><input type="checkbox"/> Status Letter</p> <p><input checked="" type="checkbox"/> Other Enclosure(s) (please<br/>Identify below):<br/>RR POSTCARD</p> |
|---|--|--|

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	CHARLES C. LOGAN II
Signature	Charles C. Logan II
Date	DEC. 27, 2004

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	CHARLES C. LOGAN II		
Signature	Charles C. Logan II	Date	12/27/04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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JAN 03 2005

PATENT &amp; TRADEMARK OFFICE

PTO/SB/17 (11-04)

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Effective on 10/01/2004. Patent fees are subject to annual revision.

**FEE TRANSMITTAL**  
**For FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$) **55.00****Complete if Known**

Application Number	10/620,035
Filing Date	07/15/2003
First Named Inventor	ARTHUR CUFFO
Examiner Name	SMITH KIMBERLY
Art Unit	3644
Attorney Docket No.	

**METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order☐ Deposit Account ☐ None
 Deposit Account Number   
 Deposit Account Name 

The Director is hereby authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below
- ☐ Charge fee(s) indicated below, except for the filing fee
- ☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
- ☐ Credit any overpayments

to the above-identified deposit account.

☐ Other (please identify): \_\_\_\_\_**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING FEE**

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	790	395	
Design Filing Fee	350	175	
Plant Filing Fee	550	275	
Reissue Filing Fee	790	395	
Provisional Filing Fee	160	80	
<b>Subtotal (1) \$</b>			<b>55.00</b>

**FEE CALCULATION (continued)****2. EXTRA CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=	
HP = highest number of total claims paid for, if greater than 20			

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	
HP = highest number of independent claims paid for, if greater than 3			

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)

**Subtotal (2) \$** \_\_\_\_\_**3. OTHER FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
1-month extension of time	110	55	55.00
2-month extension of time	430	215	
3-month extension of time	980	490	
4-month extension of time	1,530	765	
5-month extension of time	2,080	1,040	
Information disclosure stmt. fee	180	180	
37 CFR 1.17(q) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	340	170	
Filing a brief in support of appeal	340	170	
Request for oral hearing	300	150	
Other:			

**Subtotal (3) \$** **55.00****SUBMITTED BY**

Signature	<i>Charles C. Logan II</i>	Registration No. (Attorney/Agent)	25256	Telephone	619/463-1675
Name (Print/Type)	CHARLES C. LOGAN II	Date	12/27/04		

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Typed or printed name CHARLES C. LOGAN II  
Signature Charles C. Logan II Date: December 27, 2004

**UNITED STATES PATENT AND TRADEMARK OFFICE**

**APPL. NO:** 10/620,035  
**FIRST NAMED APPLICANT:** ARTHUR G. CIUFFO  
**FILING DATE:** 07/15/2003  
**EXAMINER:** SMITH, KIMBERLY  
**GROUP ART:** 3644  
**TITLE:** FISHING LURE

**AMENDMENT**

**ASSISTANT COMMISSIONER FOR PATENTS**  
**P.O. BOX 1450**  
**ALEXANDRIA, VIRGINIA 22313-1450**

**SIR:**

This communication is in response to the US Patent Office Action dated August 26, 2004 and the  
One Month Extension of Time for Response.

Please amend the patent application as follows: